

# NEW CLIENT AND HORSE INFORMATION

Westridge Farms, LLC  
24422 State Highway 71 W  
Austin, TX 78669  
westridgefarmsatx@gmail.com

## BILLING INFORMATION:

Name (first & last):

\*Billing Email:

--	--

Billing Address:

Billing Phone Number:

--	--

City:

State:

Zip:

*\*All invoices will be EMAILED by the 1st of the month, due on the 10th. A late charge of \$50 will be applied to a invoice for any payment received after the 10th. Invoices can be paid by mailing a check, through PayPal (using the email address above) or delivering a check to the mailbox in the barn.*

--	--	--

## RIDER INFORMATION:

Rider Name: *(first & last)*

Rider Email:

Date of Birth:

--	--	--

Rider Phone Number:

USEF Number:

Horse's Name:

--	--	--

Emergency Contact Name: *(other than bill payer)*

Phone Number:

Relationship:

--	--	--

## SECOND RIDER INFORMATION: (if applicable)

Rider Name: *(first & last)*

Rider Email:

Date of Birth:

--	--	--

Rider Phone Number:

USEF Number:

Horse's Name:

--	--	--

Emergency Contact Name: *(other than bill payer)*

Phone Number:

Relationship:

--	--	--

## HORSE INFORMATION: *(if bringing more than one horse to Westridge, please ask for additional horse page(s)).*

Barn Name:

Show Name:

Date of Birth:

--	--	--

Breed:

Color:

Height:

Gender:

--	--	--	--

Brands and/or Tattoo's:

Microchip Number:

--	--

Continued

Last Name of Bill payer: \_\_\_\_\_

USEF Number:

USHJA Number:

Passport Number:

--	--	--

Date of Last Shoeing:

Notes:

--	--

\*Date of Last Coggins:

\*Date of Last Vaccination:

What was given?

--	--	--

*\*No horse will be admitted on the property without a copy of their current Coggins AND a vaccine letter.*

Date & type of Last Dewormer:

Date of Last Dental/Float:

Injections: *(please list if applicable)*

--	--	--

Is this horse on any medications? Please list what, how much and when:

--

\*Supplements:

--

Current Feed Schedule:

AM: \_\_\_\_\_

Lunch: \_\_\_\_\_

PM: \_\_\_\_\_

*\*Don't forget to call SmartPak and have them update their shipping info!*

Is this horse a candidate for surgery: YES NO

**NOTES:** *(Please provide us with any information about notable behaviors, allergies, conditions and/or injuries)*

--

**\*TRANSPORTATION:**

Date of Arrival:

Time:

Who will be providing transportation:

--	--	--

*\*Westridge is happy to provide any transportation needed, please contact us for a quote!*

# WESTRIDGE FARMS - NEW HORSE ON PROPERTY

Last Name of Bill payer: \_\_\_\_\_

## HORSE INFORMATION:

Barn Name:

Show Name:

Date of Birth:

--	--	--

Breed:

Color:

Height:

Gender:

--	--	--	--

Brands and/or Tattoo's:

Microchip Number:

--	--

USEF Number:

USHJA Number:

Passport Number:

--	--	--

Date of Last Shoeing:

Notes:

--	--

\*Date of Last Coggins:

\*Date of Last Vaccination:

What was given?

--	--	--

*\*No horse will be admitted on the property without a copy of their current Coggins AND a vaccine letter.*

Date & type of Last Dewormer:

Date of Last Dental/Float:

Injections: *(please list if applicable)*

--	--	--

Is this horse on any medications? Please list what, how much and when:

--

\*Supplements:

--

Current Feed & Schedule:

AM: \_\_\_\_\_

Lunch: \_\_\_\_\_

PM: \_\_\_\_\_

\*Don't forget to call SmartPak and have them update their shipping info!

Is this horse a candidate for surgery: YES NO

**NOTES:** *(Please provide us with any information about notable behaviors, allergies, conditions and/or injuries)*

--

**\*TRANSPORTATION:**

Date of Arrival:

Time:

Who will be providing transportation:

--	--	--

*\*Westridge is happy to provide any transportation needed, please contact us for a quote!*